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SERIAL NUMBER 10/603,891	FILING OR 371(c) DATE 06/24/2003 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 071949-6804
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/410,572 04/08/2003 which claims benefit of 60/436,392 12/24/2002

This application 10/603,891

is a CIP of 10/389,720 03/13/2003

which is a DIV of 09/835,298 04/13/2001

This application 10/603,891

is a CIP of 10/371,149 02/20/2003

which is a CIP of 10/225,082 08/20/2002

which claims benefit of 60/313,775 08/20/2001

and claims benefit of 60/334,964 11/30/2001

and claims benefit of 60/346,485 01/02/2002

This application 10/603,891

is a CIP of 10/331,127 12/27/2002

which claims benefit of 60/436,392 12/24/2002

This application 10/603,891

is a CIP of 10/330,696 12/27/2002

which claims benefit of 60/436,301 12/24/2002

This application 10/603,891

is a CIP of PCT/US02/26604 08/20/2002

which claims benefit of 60/313,775 08/20/2001

and claims benefit of 60/334,964 11/30/2001

and claims benefit of 60/346,485 01/02/2002

This application 10/603,891

is a CIP of PCT/US02/14219 05/04/2002

which claims benefit of 60/288,871 05/04/2001

and claims benefit of 60/315,642 08/28/2001

This application 10/603,891

is a CIP of 10/139,086 05/04/2002

which claims benefit of 60/288,871 05/04/2001

and claims benefit of 60/315,642 08/28/2001

This application 10/603,891

is a CIP of PCT/US02/11411 04/10/2002

which is a CON of 09/835,298 04/13/2001

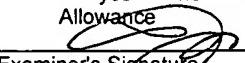
(*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

NONE ✓

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** 02/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	0	36	3
Verified and Acknowledged	Examiner's Signature  Initials 				

ADDRESS

30542

TITLE

Markers for differential diagnosis and methods of use thereof

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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